### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles Division, Department, or Region (if applicable) For Official Use Only **Board of Supervisors** Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Philharmonic Performance Date(s) 02 / 11 / Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? 3. Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ Passes 2 Board of Supervisors Ticket Policy Sec 5.3 (k) Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Nancy Herrera	Ticket Administrator	3/17/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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	Nancy Herrera	Ticket Administrator	3/17/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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1. Agency Name					Date Stamp	California OOO
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	vision, Department, or Re	gion (if applicable)				For Official Use Only
	pard of Supervisors					
7200000	signated Agency Contact	: (Name, Title)		North Control		
	ancy Herrera, Ticket Adm	35				
0.000	ea Code/Phone Number	E-mail			Amendment (Must Provide	Explanation in Part 3.)
(2	13) 974-4444	nherrera@bos.lacc	ounty.gov		Date of Original Filing:	nonth, day, year)
2. Fı	unction or Event Info	 rmation			,	
Do	oes the agency have a tid	cket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 168	
	rent Description: LA Phill					
LV	rent Description.	Provide Title/ Expla	nation			
Tic	cket(s)/Pass(es) provided	by agency? Yes	□ No⊠ If	no: Walt Disr	ney Concert Hall	
147	1:-11 -1:-1:-1:-1:-1:-1			· voc:	Name of Source	
	as ticket distribution mad f agency official?	e at the benest Yes	No⊠ "	yes:	Official's Name (Last, First)	
U	agency officials		W-70157-11040157			
	Recipients					
·	Use Section A to identify the age	ncy's department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to identify an	outside organization.
A	Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant	to the agency's policy
_E	Board of Supervisors	6	2	Ticket Policy	Sec 5.3 (k)	
- B			Number of Ticket(s)/		Identify one of the followi	ng:
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C	Name of Outside C		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant	to the agency's policy
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4. Ve	rification					
	ave read and understand Fl h the requirements.	PPC Regulations 18944	.1 and 18942. I	have verified to	hat the distribution set forth a	bove, is in accordanc
	Signature of Agency Head or Desig		y Herrera		Ticket Administrator	3/17/17

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	Nancy Herrera	Ticket Administrator	3/17/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: 2 Orchestra & 2 Terrace	Tickets		